Youth Transition Center

4212 3rd Avenue South Great Falls, MT 59405 (406) 452-1792

| I | | the legal g | uardian of |
|-------------------------|-------------------|--------------------------------|------------------|
| P | rint your name | | |
| Print youth | name | give my permission for | or this youth to |
| _ | | e of these activities may inc | clude but are |
| not limited to; skatel | ooarding, skiin | g, rollerblading, BMX bikir | ng. I agree to |
| provide all safety eq | uipment neede | d to participate in this sport | and assume |
| all responsibilities as | s to injury to th | nis child. | |
| | | | |
| | | | |
| | | | |
| | | | |
| Legal Guardian | Date | Witness | Date |
| | | | |
| | | | |
| | | | |
| Ι | | agree to we | ar all safety |
| Print youth | | - | • |
| equipment at all time | es when partici | pating in extreme sports. I | understand |
| that failure to do so | will mean I car | n not participate in the sport | |
| | | | |
| | | | |
| | | | |
| | | | |
| Youth Name | Date | Witness | Date |